

MDR Tracking Number: M5-04-1066-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 12-12-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, neuromuscular re-education, electric stimulation, therapeutic exercises, joint mobilization, massage therapy, gait training, therapeutic activities, work hardening/conditioning, and work hardening/conditioning each additional hour from 4/21/03 through 5/27/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 05/02/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9<sup>th</sup> day of March 2004.

Regina Cleave  
Medical Dispute Resolution Officer  
Medical Review Division  
RC/rc

#### NOTICE OF INDEPENDENT REVIEW DECISION

March 4, 2004

MDR Tracking #: M5-04-1066-01  
IRO Certificate #: IRO 4326

The \_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

#### Clinical History

This patient sustained an injury on \_\_\_\_ when she was struck on the back of the head with a 15-pound container. She reported immediate blurred vision and severe neck pain radiating to the left upper extremity. She saw a chiropractor for treatment and therapy and was prescribed anti-inflammatory, narcotic, and muscle relaxant medications.

#### Requested Service(s)

Office visits, neuromuscular re-education, electric stimulation, therapeutic exercise, joint mobilization, massage therapy, gait training, therapeutic activities, work hardening/conditioning, and work hardening/conditioning each additional hour from 04/21/03 through 05/27/03

#### Decision

It is determined that the office visits, neuromuscular re-education, electric stimulation, therapeutic exercise, joint mobilization, massage therapy, gait training, therapeutic activities, work hardening/conditioning, and work hardening/conditioning each additional hour from 04/21/03 through 05/27/03 were not medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

There were no medical records submitted for dates of service 04/21/03 and 04/24/03 so the services rendered on those dates were not medically necessary.

Office visits were not medically necessary. The patient underwent an Independent Medical Evaluation (IME) on 12/30/03 reporting that her injuries were resolved. The use of gait training was not required as the patient's injuries were to her neck and shoulder, not her lower extremities.

The use of massage and electrical stimulation were not necessary as the use of passive modalities went well beyond the first few weeks of treatment. The Philadelphia Panel indicated that for neck pain, therapeutic exercises were the only intervention with clinically important benefit. There was good agreement with this recommendation from practitioners (93%). For several interventions and indications

(e.g., thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy. (*"Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Neck Pain"*. Physical Therapy. 2001; 81:1701-1717)

According to the Philadelphia Panel's Evidence-Based Guidelines on Selected Rehabilitation Interventions for Shoulder Pain none of the modalities used in the treatment of the patient were supported by the study. Ultrasound provided clinically important pain relief relative to a control for patients with calcific tendinitis in the short term (less than two months). There was good agreement with this recommendation from practitioners (75%). For several interventions and indications (e.g., thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy. (*"Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Shoulder Pain". Phys Ther. 2001; 81:1719-1730*)

The use of neuromuscular re-education was not medically necessary as the documentation revealed no evidence of a neurological deficit amenable to neuromuscular re-education. This procedure is utilized to re-establish the neural link between the central nervous system and the motor system after neurological injury.

Joint mobilization was not necessary. The maximum therapeutic benefits associated with chiropractic treatment are realized in the first few weeks and the use of joint mobilization procedures 10 to 11 months post injury is not warranted. Chiropractic literature clearly demonstrates that the response to manipulation diminishes as the length of the condition increases. McDonald and Bell, in an open controlled pilot trial on nonspecific low back pain patients to assess the effects of spinal manipulation as reference in McDonald, R.S., and Bell, C., "An open controlled assessment of osteopathic manipulation in nonspecific low back pain", *Spine*, 15:364-370, 1990), found that after 4-6 weeks there was no appreciable improvement in the disability index (a measure of activities of daily living interference).

Haldeman reported that manipulation appears to have its greatest effect immediately following treatment and during the initial two to six weeks on ongoing treatment. Haldeman noted that the effectiveness of manipulation for the management of back pain seems to be minimal at three months to 12 months (*Haldeman, S. "Spinal manipulative therapy: A status report, Clinical Orthopedics and Related Research, 179:62-70, 1983*).

The use of therapeutic exercises and therapeutic activities in this case were not medically necessary. A review of the record provided revealed no documentation supportive of the billed services. Therefore, it is determined that the office visits, neuromuscular re-education, electric stimulation, therapeutic exercise, joint mobilization, massage therapy, gait training, therapeutic activities, work hardening/conditioning, and work hardening/conditioning each additional hour from 04/21/03 through 05/27/03 were not medically necessary.

Sincerely,